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# **The Other side of ‘us’: Alterity construction and identification work in the context of planned change**

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## **Abstract**

How do we use the Other to make sense of who we are? A common assumption is that people positively affirm social identities by excluding an inferior Other. This article challenges that restricted notion by focusing on the variation and situational fluidity of alterity construction (othering) in identification work. Based on an ethnographic study of a change project in a

public hospital, we examine how nurses, surgeons, medical secretaries, and external management consultants constructed Others/otherness. Depending on micro-situations, different actors reciprocally differentiated one another horizontally and/or vertically and some also appropriated otherness in certain situations by either crossing boundaries or by collapsing them. The article contributes to theorizing on identification work and its consequences by offering a conceptualisation of the variety of othering in everyday interaction. It further highlights relational agency in the co-construction of social identities/alterities. Through reciprocal othering, 'self' and 'other' mutually construct one another in interaction, enabled and constrained by structural contexts while simultaneously taking part in constituting them. As such, othering plays a key role in organizing processes that involve encounters and negotiations between different work- and occupational groups.

### **Keywords**

Agency, alterity, ethnography, healthcare change, identification, identity work, Lean management, management consulting, organizational change, othering, public hospital

## Introduction

*'We are the other of the other'*

Marcus Aurelius, Roman emperor (121-180 AD)

A large and dispersed body of literature explores processes of social identification, defined as the ways in which people draw on membership of social groups/categories in their definitions of self (Ashforth, 2016; Atewologun et al., 2017; Brown, 2017). Such 'identification work' (Brown, 2017) has mainly been studied with reference to the self, despite general recognition that it is accomplished in relation to others (Beech, 2008, Brown, 2017; Jenkins, 2014; Ybema et al., 2009). This preoccupation with self-construction (Knights and Clarke, 2017; Hastings and Manning, 2004) and 'identity free of alterity' (Czarniawska, 2008: 8) dominates identity literatures. When alterity is highlighted, it is primarily with reference to the notion of affirming a superior self in contrast to an inferior Other. However, identification work is not inevitably tied to this form of differentiation as Ybema et al. (2012: 49) argue, calling for further empirical exploration and theoretical conceptualization of these 'relatively uncharted territories'. It is this task we contribute to, particularly in the context of planned change initiatives.

When organizations undergo planned change, alterity comes to the fore in several ways. Change initiatives imply encounters with ideas and persons attributed with otherness – such as new management concepts and the external change agents often brought in as 'outsiders' to champion these new ideas characterized by 'foreignness' (Czarniawska and Mazza, 2003; Kipping and Armbrüster, 2002). Negotiations over change are about selves *in relation to* others (Landau, Drori and Terjesen, 2014) – 'us' and 'them' – such as managers and workers (Coupland et al. 2005) and other competing work- or occupational groups (Beech, 2017; Currie and Brown, 2003). Yet, identity scholars have primarily focused on

exploring self-construction in the context of change (Alvesson and Willmott, 2002; Currie and Brown, 2003; Currie et al., 2010; Down and Reveley, 2009), for instance in studies of how professionals respond to management induced change (Croft et al, 2015; Doolin, 2002; Korica and Molloy, 2010).

In turning our attention to alterity construction (othering) in identification work, we divert from the classic understanding of othering as a process through which identities are set up in an unequal relationship (e.g. De Beauvoir, 1949; Spivak, 1985). We instead define othering more expansively as Other-construction accomplished through talk and other enactments in everyday interaction. Our analysis is based on an ethnographic study of a change project in a Danish public hospital. We found that the identification work triggered by the change initiative revolved around alterity construction and that this othering was reciprocal as well as varied, fluid and situational. Specifically, we show the variety of othering ranging from construction and marking of difference to selectively negating it, and from comparative social valuation of the Other as deficient to constructions of otherness as attractive. Different actors involved in the project reciprocally differentiated one another either horizontally and/or vertically and some also appropriated otherness in certain situations either by crossing boundaries or collapsing them.

Based on our analysis, we argue that othering in identification work is mutually accomplished in a variety of ways in everyday interaction, enabled and constrained by structural context while simultaneously taking part in constituting it. By incorporating a concept of reciprocal othering in interaction, the nature of identification as ‘an enactment with consequences’ (Brown, 2017: 300) can be better understood. We contribute to the identity literature by offering a nuanced conceptualization of the interplay between Other-construction (othering) and self-construction (selfing) as people relate to social groups/categories – a conceptualization that highlights variation and situational fluidity. Our

study is important because it demonstrates that alterity construction is a key and routine aspect of identification work. As such it is also at the heart of organizing processes that involve encounters between different groups and ideas. Paying greater attention to reciprocal othering helps explain why such organizing processes are often so complex, ambiguous and contested – beyond resistance and compliance (Thomas and Davies, 2005; Ybema and Horvers, 2017).

In the following we continue by first discussing relevant literature on identification work and othering, then discuss our research approach and present our ethnographic account, before we discuss patterns of othering in interaction and the relevance of our insights to the literature on identification.

### **Identification work and the Other**

We build on the basic theoretical premise that identities in and around organizations are socially constructed (Brown, 2015, 2017; Ybema et al., 2009). Much current identity scholarship within this tradition employs the concept of identity work to reflect that ‘identities are not one-off accomplishments, but actively and often self-consciously constructed in social contexts’ (Brown, 2017: 298). This emphasizes both the process nature of identity and agency in identity construction (Brown, 2015; 2017). People work on their identities through both ‘inward/internal self-reflection and outward/external engagement—through talk and action—with discursively available social-identities’ (Watson, 2008: 130). We are interested in the latter as a specific subcategory of identity work, namely what Brown (2017) terms *identification work*. This is defined as the ‘means by which people constitute themselves with respect to social categories’ (Brown, 2017: 307), including workgroups, occupations, organizations and so on (Atewologun et al., 2017).

A significant body of scholarship on organizational and other group identification draws on Social Identity Theory/Self Categorization Theory (SIT/SCT). Studies within this tradition tend to employ experimental and survey techniques in empirical research which means that identification processes in interaction are often downplayed (Brown, 2017). It is nevertheless broadly recognized that identification is an emergent process of identity formation (Ashforth et al., 2008) and that it should be explored from a broader range of perspectives (Ashforth, 2016). Brown (2017) advocates the potential of identity work approaches and interpretative research in the study and theorizing of how people relate to social categories. He argues that identification is accomplished through talk, action and other symbolic means and that it is “‘worked on” by embedded social actors who are both constrained and enabled by context’ (Brown, 2017: 296). It is this approach we build on with a particular focus on how it is accomplished and negotiated in social interaction (Down and Reveley, 2009; Goffman, 1959).

Most scholarship on identity work emphasizes that people engage in ‘forming, repairing, maintaining, and strengthening or revising the constructions that are productive of a sense of coherence and distinctiveness’ (Sveningsson and Alvesson, 2003: 1165). However, the emphasis on coherence is increasingly challenged. Individuals often have to negotiate tensions between different discourses and social identities where they have limited agency to decide which aspects to draw on (Purchase et al., 2018). The extent of agency available to individuals to shape their identities is thus also contested (Brown, 2018). Some scholars prioritise the way that discourse directs action and shapes identities (Ainsworth and Hardy, 2008; 2009) and others, like ourselves, favor a relatively strong agent while also acknowledging that agency is countered by structural constraints (Brown, 2017; Currie et al., 2010; Ybema et al. 2009).

Furthermore, reflecting a relational sociology (Emirbayer, 1997), we see agency as a dialogical process where social actors engage with *others* within collectively constituted contexts of action (Emirbayer and Mische, 1998). Thus ‘while transpersonal contexts do both constrain and enable the dialogical process, such contexts cannot themselves serve as the point of origin of agentic possibilities’ (Emirbayer and Mische, 1998: 974). The critical components of these possibilities are constituted in interaction where social actors reciprocally influence one another and define ‘who is who’ and the parts they each play in social encounters (Goffman, 1959; 1983). While Goffman has often been used to highlight the individual performance of identity, such ‘performances are *relational* with respect to different dimensions of alterity’ (Hastings and Manning, 2004: 294, original emphasis).

This further implies a relational understanding of identity. Identity work is enacted through dialogical processes in relation to significant others (Beech, 2008; Jenkins, 2014; Ybema et al., 2009) ‘who variously grant, validate, question, cast doubt, and ignore, and whose responses shape and condition such work on an ongoing basis’ (Brown, 2017: 299). Sluss and Ashforth’s (2007) concept of relational identity highlights such interdependence at the interpersonal level. However, self-other relations in everyday interaction are also *social*. Currie et al. (2010) for instance demonstrate how professional identities and established relations between occupational groups within an institutionalized hierarchy remain more important than personal and interpersonal (role-based) relationships. Identities at all levels are ‘worked on’ not in isolation but in relation to a broad range of others – ‘particular people, generalized others, language systems, narratives of culture and history’ (Cunliffe, 2018: 18) and are dependent on validation by others (Currie et al., 2010; Knights and Clarke, 2017). Thus conceptualized, ‘self–other talk’ and other enactments emerge as critical ingredients in processes of identity formation (Ybema et al., 2009: 299).



### *The Other in identity literature*

Most identity literature acknowledges in some way that constructions of self are accomplished and performed in relation to and shaped by others (Beech, 2008, 2017; Brown, 2018; Ellis and Ybema, 2010; Knights and Clarke, 2017; Sluss and Ashforth, 2007; Ybema et al., 2009). This reflects broader theoretical influences such as that of Hegel's self-other dialectic (e.g. Kenny, 2010), the self/Other conceptions of Lacan (e.g. Lok and Willmott, 2014), Levinas (e.g. Clarke and Knights, 2015; Cunliffe, 2018) and De Beauvoir (1949/1997). De Beauvoir focused specifically on *social* self-Other relations, and argued that 'otherness is a fundamental category of human thought. Thus it is that no group ever sets itself up as the One without at once setting up the Other over against itself' (1949/1997: 17).

The influence of this idea is evident across a wide range of identity literatures. In SIT/SCT it is a basic premise that people positively differentiate themselves and their in-group from other people and their out-groups (Ashforth et al., 2008; Tajfel and Turner, 1979). In the identity work literature, identity construction is similarly seen as a matter of positively distinguishing the self through discursive separation of 'self' from the 'other' using binary oppositions that magnify and dramatize difference (Ybema et al., 2009; for an exception see Ybema et al., 2012). The broad consensus is that identity is 'achieved by differentiating and excluding that which is "Other"' (Ainsworth and Hardy, 2007: 297). Such differentiation is often shown to involve constructions of the Other as not only different, but also as less desirable (Brown and Humphreys, 2006; Ybema et al., 2009), mobilized to strengthen identification with an 'us' (Garcia and Hardy, 2007; Moufahim et al., 2015).

This idea of othering was developed in feminist and post-colonial thought, building on the ideas of De Beauvoir (1949/1997) and Said (1978) amongst others. Spivak (1985) coined the concept of othering in her seminal analysis of how the colonialized Other was defined, demeaned and dehumanized by way of their difference. Similar conceptions of

othering are widely employed across the social sciences in studies of discrimination, racialization and inequality where the focus is on the negative consequences for the groups who are othered (Hall and Du Gay, 1996; Schwalbe et al., 2000). This includes studies of othering in organizational contexts focusing on gender, age, disability, ethnicity and sexual orientation (e.g. Ainsworth and Hardy, 2007; Alcadipani et al., 2015; Mik-Meyer, 2016; Pullen and Simpson, 2009; Riach, 2007). Such othering involves the attribution of negative characteristics to those constructed as inferior, called into disrepute and marginalized and is thus never a neutral or benign process (Beech, 2017; Knights and Clarke, 2017; Moufahim et al., 2015; Ybema et al., 2009). Hence, the concept of othering has often been understood as a morally problematic process of demeaning and excluding those identified as subordinate.

Our starting point is the proposition that alterity is rooted in everyday face-to-face interaction (Cunliffe, 2018) and that identification processes involve developing an ongoing sense of both self and others (Ybema et al., 2009). Furthermore, identity formation involves being ‘placed’ or discursively constructed by others, and how people in turn respond by reinforcing, refining or rejecting such constructions (Beech, 2008). However, the ways in which people actively construct and ‘place’ Others remain under-explored and under-conceptualized. Thus, the question we ask in our analysis is: How do social actors construct Others as part of their identification work in the context of planned change?

### **Setting and research approach**

In line with other scholars focusing on identity work in interaction (Down and Reveley, 2009; Watson and Watson, 2012) we took an ethnographic approach. The research context was a management consultant-led change project to implement ‘lean management’ in a public hospital in Denmark. The concept of ‘lean management’ refers to principles originally inspired by Toyota’s production system, which has been used widely in public healthcare

(McCann et al., 2015; Waring and Bishop, 2010) and other public services with the aim of making these more efficient (Ybema and Horvers, 2017). The change project was situated in a day surgery unit for outpatient or ambulant surgeries (hereafter DSU). Senior hospital management initiated the project and its key sponsor was the deputy director (Peter) who, together with the finance director (Annette), was responsible for its implementation. The core participants in ‘the lean project’ included clinical management and staff in DSU, as well as clinical managers from five specialist units who perform their outpatient/ambulant surgeries in DSU. A consultancy firm well known for lean management implementation in other hospitals was hired to lead the change process, with two consultants (Chris and John) working on the project. An internal lean project manager, Stine, was tasked to work with them. The goal of the lean project was to increase production (i.e. number of surgical procedures) and ensure that DSU’s facilities were used efficiently while maintaining quality.

### *Ethnographic fieldwork*

The primary mode of data collection was a six-month period of ethnographic fieldwork in DSU during the lean project. Ethnographic interviews and observation of a few follow-up meetings took place soon after the project ended. Under conditions of anonymity and confidentiality, both the consultancy firm and the hospital granted the fieldworker (first author) access to observe the lean project and permission to interview relevant staff (who gave their informed consent). Similar to Thomson and Hassenkamp’s (2008) six-month ethnography, the time spent in the field related to project activities. The fieldworker spent 32 days (approx. 200 hours) at the hospital, primarily when Chris and John (‘the lean people’), were on site. Chris spent 55 ‘consultant days’ on the project and John 35 days. Table 1 outlines the phases in the change process over the six-month period.

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Table 1 about here  
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The fieldworker observed Chris, John and Stine working on the project as they interacted with staff and clinical managers in workshops and meetings as well as more informally. The fieldworker kept hand-written notes during observation or immediately afterwards. More expansive fieldnotes were typed up subsequently describing concrete details with as wide a focus as possible (Hammersley and Atkinson, 1995). Some documents were also collected (e.g. slides and project-related communications), though they are not analyzed here.

Ethnographic research is grounded in engagement with lived social worlds through ‘being there’ (Geertz, 1988) and participating in the phenomenon of interest (Watson and Watson, 2012). Such participation is defined as experiencing, watching, listening and asking questions (Hammersley and Atkinson, 1995). However, it is not presence in and of itself that matters. Rather, doing ethnography is about connecting with people in a specific field of activity through an engaged and emotional experience of their social space (Cunliffe, 2018), which in turn develops the fieldworker’s sensibility to the particularities and complexities of social life (Hastrup, 2005). This further involves being assigned a particular position and playing the ‘part’ allocated to the fieldworker (Hastrup, 2004). In this case, the fieldworker was not part of the project team and can thus be described as a ‘peripheral-member-researcher’ (Schultze, 2000: 10). As such, the fieldworker was used as someone to talk to about the project, someone who was not directly involved and to whom reflections and opinions about this, that and the Other could therefore be voiced.

Participation was further combined with ethnographic interviews, focusing on the interviewee’s experience of the lean project. The interviews took the form of non-directive, open-ended conversations involving ‘participant listening’ with an ‘ethnographic imaginary’

(Forsey, 2010: 567). The aim was to elicit talk about respondents' social world on their own terms through open questioning that focused on experience (e.g. how did you experience the lean project? / how did you experience that situation?). In total, 35 interviews (audio recorded and fully transcribed) were conducted, representing the majority of the people involved in the lean project (see Table 2). The names used in the article are pseudonyms.

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Table 2 about here  
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### *Analytical process and representation*

The argument we put forward in this article represents an act of theorising based on and informed by the field experience, which provided empirical substance for conceptualising the variety and fluidity of othering. The analysis thus followed the path of abduction (Cunliffe and Coupland, 2012; Van Maanen et al., 2007) as a process of interpretive theorizing of situated events to make sense of 'the research puzzles arising in the field' (Watson and Watson, 2012: 685). The resulting ethnographic account is based on one particular analytical journey from experience to theorising. Such a representation is necessarily reductive in the sense that empirical complexity and messiness is transformed into a conceptually patterned narrative. In this case, about how people involved in the lean project constructed various Others as part of their identification work within the constraints of the institutionalized hierarchy of a hospital. It is also selective because we zoom in on alterity construction and in so doing present examples involving selected participants and situations – a well-established technique in the crafting of a theorized account of identity processes (Down and Reveley, 2009; Sveningsson and Alvesson 2003; Watson, 2008; 2009).

As is often the case with ethnography, the analytical process began informally in the field, embodied in the fieldworker's experience, 'ideas and hunches' (Hammersley and Atkinson, 1995: 205) and theoretical repertoire as an anthropologist (e.g. Barth, 1969; 2000; Goffman, 1959; 1983; Jenkins, 2014; Taussig, 1993). Othering stood out as a significant theme in the field, at first particularly the othering of the lean consultants and the lean thinking they represented. However, it was much later that othering became the core focus of analysis as represented in this article. After the fieldwork, notes and interview transcripts were organized (using NVivo) into broad themes and categories based on types of activities and situations and what the participants talked about (Hammersley and Atkinson, 1995). This approach to coding was open, inclusive and flexible, in order to limit the inherent risk of fragmenting, simplifying and decontextualizing the data (Pierre and Jackson, 2014). Further analysis involved continuous close reading and re-reading of fieldnotes and interview transcripts as we became increasingly interested in othering. The fieldworker kept closest to the data – reading, developing analytical themes and writing memoranda (Hammersley and Atkinson, 1995) to share with co-authors for discussion and making decisions. In this process we honed in firstly on talk of the Other/otherness, whether explicitly related to selfing – e.g. 'they are in a different world from the one I'm in' (Helle, nurse, interview) – or more implicitly, e.g. 'they want everything to go too fast' (Lars, chief physician, interview). Secondly, we looked for enactments of othering in interaction. Here Goffman's (1959; 1983) emphasis on the subtle and implicit nature of interaction was an important means of analytical sensitizing in the continuous reading of the fieldnotes. As we analysed the material through an othering lens, it became clearer that the lean consultants were not the only objects of othering, they also othered back, and the othering was much more varied, fluid and situational than described in the literature. The patterns that emerged highlighted mutual differentiations between hospital staff and the lean consultants as well as appropriation of

their otherness along with simultaneous othering between different groups of hospital staff. To further disentangle this complexity, we distinguished four varieties of othering used situationally and sometimes concurrently in interaction, namely horizontal differentiation, vertical differentiation, boundary-crossing appropriation and boundary-collapsing appropriation. The analytical distinctions between these, while not absolute, concern the ways in which otherness is constructed and how it is used in identification work. The four varieties form the basis for the structuring of the ethnographic account that follows. They are also summarised in Table 3 with some additional illustrative examples.

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Table 3 about here  
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**Varieties of othering in the context of the lean project**

Peter announced the launch of the lean project in an email to relevant clinical managers (chief surgeons and chief nurses) where he described ‘lean management’ as characterised by ‘bottom-up staff involvement’ and the idea of ‘work smarter, not harder’ (email communication). In the kick-off workshop he talked about ‘lean healthcare’ as the solution to a range of operational, efficiency and quality issues in DSU (fieldnotes). He introduced the management consultants as ‘the best of the best in Denmark on lean healthcare’ (fieldnotes) and talked about their track record in other hospitals. After the workshop, the management consultants (Chris and John) worked on the lean project together with the lean project manager (Stine) from central hospital administration. They worked in an office in DSU down the hall from the surgical theatres and interacted regularly with hospital staff during ‘fact finding’, ‘process mapping’, ‘score-card’ meetings and so on. The project office was next door to the offices of the chief physician (Lars) on one side and the medical secretaries (Anna

and Beatrice) on the other. Across the hall was the office of the chief nurse (Katja) and the staff room for surgery nurses – all permanent residents of DSU managed by Katja and Lars. In this account we tell stories from the field that together form a picture of how different actors engaged in four varieties of othering as described above.

### *Horizontal differentiation*

By *horizontal differentiation* we mean a basic form of othering used to establish the difference between self and Other in situations where social identities are salient. Such construction of difference was common, particularly in relations between hospital staff and lean consultants. There was however significant variation in terms of the degree of distancing and dramatization of difference, as we will show. Most hospital staff constructed Chris and John – ‘the lean people’ – in ways that magnified their otherness through talk of different ‘worlds’ or ‘cultures’. The following is an example of this early on in the project where the medical secretaries in DSU, Anna and Beatrice, talked about Chris and John in their busy office where surgeons and nurses were coming and going:

Anna: ‘they remind me of the kind of people who are involved in these pyramid schemes I have seen on TV’. Beatrice: ‘yeah it seems like they are just playing a record, as if they’ve learned it all by heart, it feels manipulative’. Anna: ‘they are just totally too much. I feel like telling them to come on – really – calm down already. It is a culture-clash. We are just not like that here. It’s a totally different culture here’.

Beatrice: ‘you can’t transfer these things from the private sector’ (fieldnotes).

Such construction of a radical Other is accomplished through contrasting and magnifying difference (Barth, 1969; Ybema et al., 2009) drawing on dominant discourses and collective narratives (Currie and Brown, 2003; Watson, 2008). Whether micro- or macro-stories, these are narratives ‘attached to cultural and institutional formations larger than the single



individual' (Somers, 1994: 619). As an occupational group, management consultants are widely magnified as figures of alterity in public discourse – 'sometimes by divinization, sometimes by demonization' (Czarniawska and Mazza, 2003: 268) carrying the 'burden of otherness' (Kipping and Armbrüster, 2002: 203) and experiencing associated insecurities and identity threats (Bourgoin and Harvey 2018; Sturdy, 1997). This was reflected in the way most hospital staff talked about them as outsiders in the health care world. The structuring of space and the nature of work processes further symbolized Chris and John's foreignness as their work was separate from the activities and spaces related to patients. One nurse for instance described 'the lean people' sitting in the project office on their computers as a 'red rag to a bull' (Marianne, fieldnotes).

Chris and John however were not passive objects of othering. They took part in marking their alterity by associating themselves strongly with lean management and talking about it as a radically different 'culture' and 'way of thinking'. They enacted and dramatized their otherness displaying a fast, energetic and impatient pace in talk and body language. They also engaged in reciprocal othering by talking about 'the hospital world' as inefficient, resistant to change and slow, thus drawing on a counter narrative (Currie and Brown, 2003) in this reciprocal differentiation dynamic. They used every opportunity to highlight how impossible it was to make anything happen, and constantly pushed for everything to be done faster – hence Anna's suggestion they should 'calm down already' (fieldnotes). As Katja, the chief nurse in DSU similarly put it: 'you get a bit like... oh no, come on now – relax! Because sometimes they just become a bit too much... too much consultants' (interview).

For both hospital staff and lean consultants, these reciprocally constituted alterities served as resources for working on and identifying with particular stories about 'us' emerging in the context of the change project. For the medical secretaries for instance, othering the lean consultants was an opportunity to work on crafting themselves as part of an imagined

hospital community defined by its opposite, namely what the lean consultants represented – ‘we are not like that here’ as Anna put it (fieldnotes). Chris and John for their part were enacting their occupational identification as management consultants, the sellers of speed, in contrast to what they saw as the slow pace of public hospitals. Senior managers and administrators were often othering allies in this, contributing to the construction of the hospital world as slow and resistant to change, and portraying the clinical part of the hospital as ‘a completely different culture’ (Annette, finance director, interview).

As an analytical abstraction, horizontal differentiation is thus similar to conceptions of constructing self as opposite to Other, not Other or different from Other (Barth, 1969; Jenkins, 2014; Ybema et al., 2009). The underlying assumption in the literature however tends to be that differentiation is unidirectional, negative, polarising and oppositional. This was not necessarily the case here. The differentiation was reciprocal and in interaction it was often enacted in much more subtle and implicit ways than through the kind of ‘culture-clash’ imagery illustrated above. For instance, as face-to-face interaction progressed between the lean consultants and key DSU staff (e.g. Katja, Lars, Anna and Beatrice), horizontal differentiation was mostly subtle, collegial and playful, as the following situations in two different project meetings illustrate.

In one meeting, John was going through excel sheet after excel sheet with weekly performance results in his usual frenetic fashion. Lars, the chief physician in DSU, stopped him and dryly commented: ‘Us novices can only handle one page at a time’. John laughed, and clapping Lars on the shoulder said: ‘its good you make me aware I’m going too fast’ (fieldnotes). Lars and John were in a subtle, self-ironizing way enacting and marking a mutual differentiation dynamic, drawing on what had become a shared narrative of slowness versus speed. In another meeting, Anna and Beatrice expressed delight about a delay to the implementation plan caused by the IT department. They used the opportunity for friendly

banter with Chris who reciprocated by exaggerating his frustration and disbelief that things were taking so long. As Anna left the project office she laughingly turned and said to Chris: 'you will just have to eat it' (fieldnotes). These were subtle mutual enactments of differentiation using humour between DSU staff and lean consultants as they worked together on the project. Thus over time, reciprocally constructed otherness was marked, played with and laughed at – while establishing what kind of social actors 'lean people' are in relation to 'hospital people' and vice versa.

### *Vertical differentiation*

Some of the othering enacted in the context of the lean project did more than just establish the difference between self and Other however. It slid into what we call *vertical differentiation* defined as othering where the Other is constructed as inferior and called into disrepute. It involves comparing qualities, characteristics or competences in ways that define the Other as deficient in some way. This shares similarities with the classic understanding of othering (Spivak, 1985) as alterity construction that sets up an unequal relationship between self and Other and establishes status hierarchies. However, our case highlights that the power to establish superiority/inferiority cannot be taken for granted and vertical differentiation was reciprocal, contested and politically charged.

This was evident particularly in the relation between chief surgeons and lean consultants. Chris and John constructed chief surgeons as resisters and incompetent managers, often with senior managers (Peter and Annette) as othering allies. Such othering talk was prominent in steering group meetings where they shared anecdotes about what was going on 'out there' in the surgical units: 'We are at the level of primitive principles here' (Peter, fieldnotes), 'it is completely mad, it's easier to win the lottery than to predict what

they will deliver' (Chris, fieldnotes). The chief surgeons for their part reciprocally constructed the lean consultants as inferior:

We have an education that is at least double of what the consultants have. [...] I could also see that when they have tried to tell our management, you know my unit head, how things ought to be done. You won't get far with that, really! They [unit heads] are people who know what they are doing and who are fundamentally better educated in management than consultants (Hans, chief surgeon, unit T, interview).

Chief surgeons constructed Chris and John as an inferior Other using markers of social status and competence (e.g. level of education and expertise), even in the management concept that was core to their occupational identity as consultants. As another chief surgeon put it: 'There is not a lot of lean in what they have done. Some of what they have done, I would say that it is actually work harder, not smarter' (Jesper, head of unit D, interview). The chief surgeons used this Other-construction to work on their identification as a superior occupational group in the hospital as well as to try to undermine and marginalise the lean consultants in change negotiations. The consultants for their part were working on establishing themselves as the management and lean experts. By the time of the implementation phase this reciprocal differentiation dynamic, where both parties were attempting to assert superiority/inferiority, had become relationally ossified.

In situations of face-to-face interaction, this vertical differentiation dynamic was enacted in a much more oppositional and conflictual manner than was the case with horizontal differentiation. In one meeting for instance, a chief surgeon directly questioned Chris's competence and told him 'you don't even know common courtesy' (David, head of unit B, fieldnotes). As Chris narrated it afterwards to John: 'it was an extremely uncomfortable situation, [David] sat there saying that I did not understand anything' and it 'was like having my pants pulled down' (fieldnotes) – reflecting the experience of what

Bourgoin and Harvey (2018) describe as threats to consultants' face in Goffmanian terms. A similar scenario played out when Chris and John presented what they called their 'fact-finding' to chief surgeons. It was 'shot down with thunder' as Chris himself described it (fieldnotes). The chief surgeons also often ignored, or attempted to contravene, project decisions no matter how much senior management emphasised the authority vested in the lean consultants. Chris and John thus kept 'running up against a brick wall' (John, fieldnotes), causing them a great deal of frustration expressed in heated rants, kicking of chairs in the project office and reciprocal vertical differentiation, e.g. 'it's a completely insane culture' (Chris, interview).

### *Boundary-crossing appropriation*

Through both horizontal and vertical differentiations between hospital people and lean people, a dominant (albeit varied) reciprocal othering dynamic was established. However, the boundaries drawn between 'us' and 'them' were not impermeable, nor was it fixed how individual actors in the hospital negotiated them. Some people also engaged with *boundary-crossing appropriation*, which we define as othering where alterity is constructed as more desirable than a currently available social identity position and adopted by crossing over to the Other side or shifting back and forth.

Stine, the internal lean project manager, is an interesting example. As a hospital administrator she was, like senior management, an othering ally of the lean consultants. Drawing on the same narrative of the hospital world as slow and inefficient and the chief surgeons as resisters, she talked about how 'this is a heavy system to dance with' and 'it will take weeks' to get this or that done (fieldnotes). However, Stine would also in seemingly contradictory ways construct the lean consultants as the Other:

‘They are a bit... they are a bit pushy, that’s how I would put it. I find it a bit irritating

[...] They are a too consultant-ish sometimes I think.’ (interview)

Despite a close working relationship, and a good deal of admiration for Chris and John and their lean expertise, Stine was also differentiating herself *from* them while appropriating the Other – clinical staff:

Normally I am the administration’s woman, but in this context... my heart is more with the clinical staff. Because, well I feel we are part of the same world in some way – more than I am part of the consultants’ world. (interview)

As lean project manager, Stine was seen by clinical staff as similar to Chris and John and sometimes included when they referred to the ‘lean people’. In part, her response was to oppose being identified this way (Beech, 2008) through what is often termed disidentification (Brown, 2017; Costas and Fleming, 2009). However, such a conceptualisation leaves out the othering part of her identification work. Stine appropriated the hospital Other – the world of clinical staff – to differentiate herself from the consultant’s world. This was also apparent in interaction where she seemed to oscillate back and forth between these dominant alterity/identity positions, sometimes creating confusion about whose side she was on in negotiations.

Anna, the medical secretary, similarly crossed the boundary, albeit in the opposite direction, sometimes appropriating the lean consultant’s otherness in ways that appeared contradictory to her ‘culture-clash’ statements. One day during the implementation phase the fieldworker ran into her in the hallway and Anna talked enthusiastically about having become ‘converted to think the way they do’ (fieldnotes). She found it stimulating to work with the lean consultants and it had awoken a wish in her ‘to do something more, something else’. ‘I can do much more than write patient notes’, she said, adding that she was thinking about maybe doing a business degree to further her career (fieldnotes). Anna thus constituted the

alterity of the lean consultants as desirable and aspirational. In doing so, she was simultaneously differentiating herself from fellow hospital staff saying that for most of ‘them’ the lean way of thinking was ‘nonsense’ and they were unwilling to embrace it (fieldnotes).

During this phase of the project (implementation), Anna was often enthusiastically working with Chris and John, while she also simultaneously enacted differentiation in subtle ways, such as when she was joking about the project delay as we saw earlier. However, her appropriation of alterity was fleeting. Towards the end of the project, Anna became disillusioned: ‘I feel like I have been seduced. It’s the emperor’s new clothes. I feel cheated’ (fieldnotes). Through the appropriation of otherness she had been trying to craft herself as something more than, or different from, a medical secretary, but she ended up feeling that ‘there is no reward’ (fieldnotes). In the context of the institutionalised hierarchy of the hospital, she was still a medical secretary – only now with more work – and her attempts to position herself differently were not being validated (Currie et al., 2010) by those around her.

### *Boundary-collapsing appropriation*

The appropriation discussed above involved maintenance of differentiation. Another variety was *boundary-collapsing appropriation*, which we define as selectively negating and collapsing differentiation to redefine and subsume otherness as ‘us-ness’. Counter-dynamics to differentiation have received limited attention in the identity literature, though with exceptions such as Ybema et al.’s (2012) work on depolarisation to construct an egalitarian identity and build partnership. Our conception of boundary-collapsing appropriation is dissimilar from the latter in that it involves what the anthropologist Michael Taussig (1993: 33) terms mimesis, namely copying, imitating and ‘slipping into Otherness’ thereby transforming and incorporating it.

The nurses for instance sometimes used this variant in their identification work. ‘I really think that many of us have that way of thinking in us already’ as Katja, chief nurse in DSU explained (interview). Katja thus discursively transformed the new into the old and subsumed lean otherness as a property of ‘us’; thereby implicitly defining nurses as efficient and progressive. However, it was not only nurses who did this. Lene, a chief surgeon (unit G), would sometimes stay behind after meetings to chat with Chris or John about how she had streamlined the surgical procedures of her own unit. ‘You should see me in action, it’s super-efficient’ she said to Chris on one such occasion, showing him her illustration of the process (fieldnotes). Although Lene’s unit was of no concern to Chris (being outside the DSU), he spent time on these conversations and attempted to reassert his difference by being rather sceptical saying that ‘if it really is that efficient then you have developed the perfect process and you ought to go and work as a consultant instead then’ (fieldnotes).

It was however only *selected* elements of the lean people’s otherness that were appropriated in this way. Katja for instance also talked about John and Chris being ‘too much consultants’ as we saw earlier. Throughout the project she continuously marked the limits of her appropriation and enacted more or less playful horizontal differentiation. She would openly laugh at their ideas, roll her eyes and joke ‘yeah yeah it’s just chess pieces to you’ (fieldnotes) or more forcefully dismiss their suggestions. Furthermore, the selective incorporation of the lean people’s otherness that some nurses engaged with was closely associated with simultaneous vertical differentiation in relation to the chief surgeons. The nurses often joined in constructing surgeons, and medical doctors more broadly, as resistant to change, conservative and unwilling to make processes more efficient. ‘It is a general thing that doctors and surgeons are *against*, almost every time there is anything new’ (Katja, interview). As another chief nurse from a user unit expressed it: ‘I think it was so obvious that [lean] was the right thing, but [the chief surgeons] couldn’t see that they could do things



more rationally' (Susan, unit D, interview). Thus, the surgeon Other was cast as unable to grasp what is obvious and rational, namely lean – transformed and appropriated as 'our' thinking.

This selective appropriation of lean alterity and simultaneous vertical differentiation in relation to the surgeons was a way for the nurses to work on their occupational identity. It was often enacted when the relative position and role of nurses and surgeons were at stake in political negotiations over the change plans, as the following example in a workshop illustrates. The workshop took place three weeks into the project where Chris and John's analysis and change proposals were presented. A range of clinical managers (nurses and surgeons) attended, along with Peter, Stine and the lean consultants. As part of the proposed changes in work processes, the surgeons would be required to stay in DSU between surgeries and help get the theatre ready for the next surgery. They resisted the idea, arguing it would be a waste of their time as they had 'other important things to do' in their own units (fieldnotes). Katja and other nurses championed the proposal. In doing so they used the lean discourse, arguing that everyone needs to work as a team to ensure processes are 'smooth, quick and lean' (fieldnotes), thus challenging the traditional division of work as well as status differentials between nurses and surgeons.

## **Discussion**

By focusing on alterity and developing an expanded conceptualization of the variety of othering in identification work, we counter the prevailing preoccupation with identity as free from alterity (Czarniawska, 2008; Hastings and Manning, 2004; Knights and Clarke, 2017), and the dominant notion of affirming the self by derogating the Other. Our study demonstrated how othering processes are varied, fluid and reciprocal. Different actors involved in the change project constructed a shifting 'mosaic of alterities' (Taussig, 1993:

143) using both horizontal and vertical differentiation, while some actors also appropriated otherness in certain situations by either crossing boundaries or by collapsing them. The varieties we distinguished have broader applicability, but they are not exhaustive or absolute since identification work is situated and both restricted and enabled by context (Brown, 2017). The key point to stress is the variety and situational fluidity of othering as a routine aspect of how people relate to social categories/groups. In order to further theorize this finding, we now turn to the question of the conditions for variation of othering, suggesting some more general patterns of othering in interaction. We then discuss implications of our analysis.

### *Patterns of othering in social interaction*

Othering is enacted in situations where alterity/identity positions based on social categories/groups are salient and made to matter. Change projects are rife with micro-situations that come to represent encounters with alterity – such as interactions with both new Others (e.g. external agents or members of merging departments/organisations) and existing Others (e.g. members of different functional or occupational groups). The nature of these interactions in turn shape how othering is enacted. A useful way of conceptualizing these social processes is Goffman's (1959; 1983) understanding of social interaction as structured by subtle, implicit rules that surface as reciprocal expectations, including for how 'relevant social distinctions will be managed within the interaction' (Goffman, 1983: 11). A 'working consensus' is collectively established so that the 'different participants are sufficiently attuned to one another' (Goffman, 1959: 20-21) to avoid open contradiction, disruption and conflict. This is what ordinarily happens in everyday interaction when expectations are reciprocal and relatively symmetrical, i.e. the expectations of participants match each other and there is sufficient agreement about how social distinctions will be managed.

Under these conditions, othering is likely to take the form of horizontal differentiation where the mutual construction and maintenance of difference is enacted in ways that all parties find minimally and temporarily acceptable as part of a given ‘interactional *modus vivendi*’ (Goffman, 1959: 21). This is further conditioned by the availability of shared discursive resources for constructing one another, such as collective narratives (Currie and Brown, 2003; Somers, 1994; Ybema et al., 2009; Watson, 2008). Frequent interactions over time are likely to become progressively personalized, and this is assumed to imply a reduction in stereotype-based interaction (Sluss and Ashforth, 2007). However, social identities and distinctions do not necessarily become less salient over time. Instead they can be maintained through horizontal differentiation enacted in subtle or non-oppositional ways using humour and self-irony for instance. This is possible also among actors defining each other as radically different, such as the lean consultants and healthcare professionals in our study. The boundaries constructed between different categories of actors give shape to their interaction in ways that positively enables it (Barth, 2000), while at the same time defining the nature of the identification opportunities that the encounter with alterity represents.

As shared ways of comparing and contrasting, talking about and working with difference are established, this creates the conditions for constructing alterity as not only different, but also attractive and aspirational. Individual actors may see opportunities in seeking to cross boundaries to appropriate otherness, or flexibly shift back and forth. Following Goffman (1959: 22) such opportunities are conditioned by ‘the initial positions taken by participants’ as well as the positions *attributed to* one another. Boundary-crossing thus relies on maintaining difference and it is further constrained by structural context, particularly as in this case an institutionalized occupational hierarchy (Currie et al., 2010) that represents a ‘stable context of identity foci’ (Atewologun et al., 2017: 289).

Another opportunity created by horizontal differentiation is to selectively collapse the boundary by discursively redefining and subsuming otherness as a property of 'us'. Such othering denies the Other their difference and thus represents a disruption of the 'working consensus'. We saw this for instance in a lean consultant's attempt to reassert his difference in such a situation. It can be a way of nullifying any potential threat the Other is perceived to represent by incorporating their otherness – transforming the new into the old – and/or assuming the character and perceived powers of alterity, for instance to deploy it in relations with different Others. Thus self-Other relations are sometimes triangular, such as when nurses in our study appropriated lean otherness and used it in relation to surgeons whom they othered using vertical differentiation.

The latter concerns a diversion from the general pattern of horizontal differentiation and the appropriation variations it enables. Vertical differentiation is most likely in situations where interactional expectations are asymmetrical and interaction politicized. This includes when status hierarchies are negotiated, when struggles over interests or resources intensify or when people seek to constitute other groups 'such that they are written out of particular scenes of power' (Currie and Brown, 2003: 581). Under such conditions, othering is more likely to slide into derogation, similarly to how it is commonly understood (De Beauvoir, 1949/1997; Spivak, 1985), but in ways where differentiated actors *reciprocally* try to constitute each other as inferior or deficient. Given the implicit norms of decorum that ordinarily govern interaction in workplaces (Goffman, 1959), we might expect that vertical differentiation would not generally be enacted very openly in interaction with the Other. Beech (2017: 361) argues that this leads to 'covert conflict' where 'problematic (impenetrable) constructions of the other [...] accumulate through reciprocating vicious cycles'. Such reciprocal influences are accomplished through interaction and enacted for instance by subtly undermining the Other (Beech, 2017). However, it can also be enacted in

more directly oppositional ways, such as when politics intensifies as we saw in relations between lean consultants and chief surgeons.

Our analysis focused on micro-situations of a change project and we did not find a patterned correspondence between varieties of othering and change phases as such. Nevertheless, there might be more likelihood of boundary-crossing and boundary-collapsing appropriation as interaction progresses and mutual horizontal differentiation is regularly enacted. At the same time, use of vertical differentiation might also increase as the disruptive impact of change starts to be felt, for instance in terms of resource or power redistribution. Change impacts different groups in different ways and people will variously construct Others depending on what is at stake and thus might also use several varieties of othering concurrently within the same micro-situation. These processes are complex and ambiguous as social actors draw shifting circles of identification (Ellis and Ybema, 2010), construct hybrid identities (Purchase et al., 2018) and sometimes also enact contradictory identities in social interaction (Brown, 2017).

### *Identification work, context and relational agency*

Building on an identity work approach (Brown, 2015; 2017) implies an emphasis on agency while acknowledging that structural contexts ‘set distinctive limits on individual discretion in constructing identity’ (Ybema et al., 2009: 311). Identity is also externally constituted through discourse, identity regulation and validation (Alvesson and Willmott, 2002; Beech, 2008; Currie et al., 2010; Watson, 2008) and thus dependent on context (Brown, 2017). Our study contributes to and pushes the boundaries of such scholarship concerned with identification *in situ* (Atewologun et al., 2017). We challenge assumptions of what constitutes both the context of identification and agency by focusing on alterity and demonstrating how a variety of reciprocal otherings form part of identification processes.

The agency that is stressed in identity work approaches mainly emphasizes individual agency in the crafting of self-constructions. We extend this to include how people construct Others as a key and routine aspect of how they constitute themselves with respect to social categories. Identification work is thus also about Other-construction and these Others are in turn othering back. This further implies seeing agency as *relational*. Identification work is not unilateral but mutually accomplished by both ‘self’ and ‘other’. For Beech (2008) this involves micro-dialogical processes of people acting and reacting to one another through discursive claims and responses to them, which in turn impact on identity constructions. What we add is a conceptualization of the othering part of these micro-dialogical processes where people discursively construct and ‘place’ Others who respond by doing the same. It is through such reciprocal othering in all its variation that identification becomes consequential. That may involve covert conflict and damage to social relations at work (Beech, 2017), but identification is also consequential in more fundamental ways – namely in terms of people’s continuous relational re-making of each other’s social identities/alterities and associated structural relationships through othering. The Other is part of the context of identification, but people’s active efforts to construct one another is at the same time partially constitutive of that context – also when it is a stable context of identity foci (Atewologun et al., 2017).

Thus with an analytical focus on reciprocal othering, it becomes clearer how identification work is at the heart of ‘the agency–structure dialectic *in action*’ as ‘selves and sociality are mutually implicated and mutually co-constructed’ (Ybema et al., 2009: 307, original emphasis). In the spirit of relational sociology (Emirbayer, 1997), this means advancing the conceptualisation of identification work based on an understanding of agency as a relational phenomenon, rather than solely the property of the individual self, and with that a stronger emphasis on social interaction between ‘self’ and ‘other’. This also has implications for the classic understanding of othering, which tends to afford little agency to

the Other in the context of unequal relationships (e.g. De Beauvoir, 1949; Spivak, 1985). Our analysis points to the importance of relational agency, also in this context, as well as the need for future research to pay greater attention to how the othering of disadvantaged groups is accomplished and negotiated in interaction.

Our ethnographic analysis was limited to a specific healthcare setting during the course of a change project. Future research in other settings and contexts would yield additional insights to enable further theorizing of alterity construction in identification work, including how different types of narratives may shape the patterns of othering. Alternatively, scholars might address the use of artifacts in alterity construction using a socio-material approach. Furthermore, the focus of our work was *social* self-Other relations. Another avenue would be to explore how interpersonal role-relationships may influence patterns of othering in the interplay between personal, interpersonal and social levels of self (Currie et al., 2010; Sluss and Ashforth, 2007).

## Conclusion

We have responded to calls for identity research to address alterity (Czarniawska, 2008; Hastings and Manning, 2004; Knights and Clarke, 2017) and examine the subtleties and complexities of how social actors craft and position themselves vis-à-vis others (Ybema et al., 2012). It is only when turning our attention to the Other side of ‘us’, we can explain how the micro processes of identification work become consequential. Together, interactively and over time, ‘self’ and ‘other’ mutually work on both identity and alterity, enabled and constrained by structural context while simultaneously taking part in constituting it. Our study stimulates new debates on processes of identification work, as Brown (2017) calls for. We do this by arguing that selfing should not be emphasized over othering, as is the dominant tendency in identity scholarship, but should be theorized and examined as intertwined. We

further divert from the classic understanding of othering to widen its conceptual scope and define it as integral to identification work in order to facilitate a better understanding of how *we* and *they* co-construct social identities/alterities in organizational life.

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## Biographies

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Simon Down is Professor of Entrepreneurship and Organization at the University of Birmingham. He has previously worked in the UK at Anglia Ruskin University as Deputy Dean for Research, Newcastle University, Plymouth University, and in Australia at Wollongong University. He has published books, articles and book chapters on small firm policy and regulation, self-identity, indigenous entrepreneurship, entrepreneurship education in North Korea, social enterprise in Haiti, management history and ethnographic methodology in journals such as the *Academy of Management Journal*, *Environment and*

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**Table 1. Change project phases**

	Project phase
1 <sup>st</sup> month	Launch, research, analysis and process mapping
2 <sup>nd</sup> month	Design of solutions and change proposals
3 <sup>rd</sup> month	Implementation planning
4 <sup>th</sup> – 6 <sup>th</sup> months	Implementation

**Table 2. Overview of research participants**

Unit / department	Title, position (and affiliation)
<b>Day surgery unit (DSU)</b> (clinical mgt. & staff)	Chief nurse Chief physician, anaesthesia Surgery nurses (7) Nurse, recovery Medical secretaries (2) Porters (2) Cleaner
<b>User units</b> (clinical mgt. & staff)	Chief surgeon, head of unit B (vascular surgery) Chief surgeon, clinical coordinator, unit B (vascular surgery) Chief nurse, unit B (vascular surgery) Chief surgeon, head of unit D (general surgery) Chief nurse, unit D (general surgery) Chief surgeon, head of unit E (otolaryngology) Chief nurse, unit E (otolaryngology) Chief surgeon, clinical coordinator, unit E (otolaryngology) Medical secretary, unit E (otolaryngology) Chief surgeon, head of unit G (gynaecology) Chief surgeon, clinical coordinator, unit G (gynaecology) Medical secretary, unit G (gynaecology) Chief surgeon, clinical coordinator, unit T (orthopaedic surgery) Medical secretary, unit T (orthopaedic surgery)
<b>Anaesthesia unit</b> (clinical mgt. & staff)	Chief physician, anaesthesia, head of unit Chief nurse, anaesthesia



	Anaesthesia doctor Anaesthesia nurse
<b>Central hospital management and administration</b>	Director Deputy director Financial director Planning consultant/lean project manager
<b>External management consultancy firm</b>	Senior consultant Consultant

**Table 3. Overview of varieties and pattern of occurrence**

<b>Varieties of othering</b>	<b>Illustrative examples</b>	<b>Pattern of occurrence</b>
<b>Horizontal differentiation</b>  - establishing the difference between self and Other in situations where social identities are salient	<p>Indicated by talk of difference (different ‘worlds’, ‘cultures’, ‘culture-clash’, ‘we are not like that here’, ‘slow’ vs. ‘fast’) and enacted through joking and laughing about difference, rolling eyes, banter about delays, impatient body language etc.</p> <p><u>Hospital staff =&gt; lean people:</u></p> <p>- <i>It has been refreshing – and I think Chris has been really good at this – to have someone from the outside that doesn’t know anything about healthcare</i> (chief nurse, unit D, interview).</p> <p>- <i>You could see from their way of thinking that they were not used to working in the health care world</i> (chief surgeon, unit B, interview).</p> <p><u>Lean consultants =&gt; hospital world:</u></p> <p>- <i>It is this strange organisational thing with in-built delays. In reality we were fighting with a lot of drag in the system – with, you know, come on, just get on with it and get it done</i> (lean consultant, interview).</p>	<p>Used by most participants:</p> <ul style="list-style-type: none"> <li>- staff and clinical managers</li> <li>- senior managers and internal project manager</li> <li>- lean consultants</li> </ul>
<b>Vertical differentiation</b>  - constructing the Other as inferior and deficient in some way	<p>Indicated by talk that derogates (‘incompetent’, ‘unprofessional’, ‘crazy management’, ‘completely mad’) and enacted through conflictual arguments and showing disdain, ‘pulling pants down’, circumventing, blocking etc.</p> <p><u>Lean consultants and senior managers =&gt; chief surgeons:</u></p> <p>- <i>It is this typical well-known management resistance in health care. It is just not good enough, it is not satisfactory management, it really isn’t</i> (deputy director, interview).</p> <p>- <i>They have no clue about their leadership task. We will have to teach them</i> (lean consultant, fieldnotes).</p> <p><u>Chief surgeons =&gt; lean consultants:</u></p> <p>- <i>We were clear that we didn’t think they knew what they were doing. And now it’s a mess, it’s not working.</i> (chief surgeon unit T, interview).</p>	<p>Used by:</p> <ul style="list-style-type: none"> <li>- lean consultants</li> <li>- senior managers</li> <li>- chief surgeons</li> <li>- chief nurses</li> </ul>
<b>Boundary-crossing appropriation</b>  - constructing alterity as desirable and crossing over to the Other side or shifting back and forth	<p>Indicated by talk such as becoming ‘converted’, ‘it resonates with me’, ‘my heart is more with clinical staff’ and enacted through engagement with the Other, taking the Other’s side in discussions etc.</p> <p><u>Chief physician =&gt; lean consultants</u></p> <p>- <i>It was great working with the consultants, I mean they... I’m more of an organisation-man</i> (chief physician, unit head, anaesthesia, interview).</p>	<p>Used by specific individuals:</p> <ul style="list-style-type: none"> <li>- a medical secretary</li> <li>- the lean project manager</li> <li>- a chief physician</li> </ul>

<b>Boundary-collapsing appropriation</b>  - selectively negating and collapsing differentiation to redefine and subsume otherness as 'us-ness'.	Indicated by talk such as 'it's nothing new', 'we have that thinking in us already' and enacted by using the discourse and ideas of the Other as your own and demonstrating actions that mirrors that of the Other.  <u>Chief nurses / nurses =&gt; lean consultants</u> - <i>I don't think they have brought anything new</i> (nurse, day surgery unit, interview). - <i>It's a bit the same sourdough, just calling it something different, like the standardisation and description we already do</i> (chief nurse, unit B, interview)	Used by: - chief nurses and nurses - some chief surgeons